

APPLICATION FOR CERTIFICATE OF AUTHORITY OF A FOREIGN NONPROFIT CORPORATION TO TRANSACT BUSINESS IN THE STATE OF INDIANA

State Form 37035 (R9 / 5-14) / Corporate Form No. 364-4 Approved by State Board of Accounts, 2014

INSTRUCTIONS: 1. Use 8 1/2" x 11" white paper for attachments.

2. Present original and one copy to address in the upper right corner of this form.

3. Please TYPE or PRINT in INK.

4. Please visit our office at www.sos.in.gov.

5. Make check or money order payable to Secretary of State.

CONNIE LAWSON SECRETARY OF STATE

CBUSINESS, SERVICES DIVISION

A302; W. Washington Street, E018
Indianabolis, IN 46204 Telephone: (317) 232-6576

Indiana Code 23-17-26-1

FILING FEE IS \$30.00

1. Applicant must submit a certificate of existence issued the proper authority within the last sixty (60) days.

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PEROVED

2. If using a fictitious name, a copy of the resolution must accom	pany this filing. See Indiana Co	ode 23-17-26-6(a)(2).	AND
APPLICATION FOR CERTIFICATE OF AUTHORITY			FILED
OF			· A course
Real Alte	rnatives, Inc.		THE CAN
A FOREIGN CORPORATION TO TRANSA	ACT BUSINESS IN THE STA	ATE OF INDIANA	SECRETARY OF STA
2. If using a fictitious name, a copy of the resolution must accome APPLICATION FOR CERTAIN APPLICATION FOR CERTAIN AFOREIGN CORPORATION TO TRANSAT The undersigned officer desiring to effectuate the admittance of the Certifies the following facts: ARTICL	e above Corporation transa	ct business in the	State of Indiana,
ARTICL Fictitious Name (Only used if name in the application is not available in Indian			
ARTICLE II - PR	RINCIPAL OFFICE		
Address of Principal Office (number and street)	City	State	ZIP code
7810 Allentown Blvd. Ste. 304	Harrisburg	PA	17112
ARTICLE III - REGISTERED OF	FICE AND REGISTERED AGE	NT	
Name of Registered Agent (Cannot be corporation itself.)			
Mike Fichter - Indian Right to Life			
Address of Registered Agent (number and street) (PO Box not accepted)	City	State	ZIP code
9465 Couriselors Row Ste. 304	Indianapolis	IN	46240
Required: By checking the box, the Signator(s) represents that the register of registered agent.	red agent named in the appl	cation has consent	ted to the appointment
ARTICLE IV- DATE OF INCORPORA	TION AND DURATION OF EXIS	STENCE	
The date of incorporation in domicilliary state (month, day, year)	State		
March 19, 1996	Pennsylvania		
☑ The Corporation is perpetual until dissolution. OR The latest date upon which the Corporation is to dispelye (month).	h day yaari		
☐ The latest date upon which the Corporation is to dissolve (mont	n, day, year).		
ARTICLE V - TYPE OF CORP	ORATION (CHECK ONLY ONE		
If the Corporation had been incorporated in Indiana, it would be a:			
oximes public benefit corporation, which is organized for a public or cha	• •		Į Į
\square religious corporation, which is organized primarily or exclusively	for religious purposes; or		
☐ mutual benefit corporation (all others).			

(Continued on the reverse side.)

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ARTICLE VI - CORPORATE OFFICERS List the names and business addresses of the officers of the Corporation.				
Carolyn Astfalk	Chair of Board of Directors	7810 Allentown Blvd # 304 Harrsiburg, PA 17112		
Kevin I. Bagatta	Presidnt & CEO	7810 Allentown Blvd # 304 Harrsiburg, PA 17112		
Thomas A. Lang	VP of Operations	7810 Allentown Blvd # 304 Harrsiburg, PA 17112		
Clifford W. McKeown	VP of Administration	7810 Allentown Blvd # 304 Harrsiburg, PA 17112		

Please attach additional sheets if necessary.				
	ARTICLE VII - BOARD OF DIRECTORS			
The names and business addresses of the Board of	of Directors of the Corporation are as follows:			
☐ By checking the box, the Signator(s) represen its domicilary state.	ts that the Corporation named in Article 1 is not required to have a Board of Directors in			
Name	Address (number and street, city, and state and ZIP code)			
Carolyn Astfalk	7810 Allentown Blvd # 304 Harrsiburg, PA 17112			
Kevin I. Bagatta	7810 Allentown Blvd # 304 Harrsiburg, PA 17112			
Anne Marie Manning	7810 Allentown Blvd # 304 Harrsiburg, PA 17112			
Kevin Millar	7810 Allentown Blvd # 304 Harrsiburg, PA 17112			
F	Please attach additional sheets if necessary.			
ARTICLE VIII				
Indicate whether the Corporation has members.	☐ Yes ☑ No members			
SIGNATURE				
In witness whereof, the undersigned being the				
Application for Certificate of Authority, and verifies subject	ct to penalties of perjury, that the facts contained herein are true this3rd			
day of October 20 1	4			
Signature Allini V. Manual	Printed name Kevin I. Bagatta			
- HAVOOR HAVE AND CO				

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DEPARTMENT OF STATECT -5 PH 9:51

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

REAL ALTERNATIVES

is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Care aile

Certification Number: 12140357-1 Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp Indiana Secretary of State Packet: 2014100700373 Filing Date: 10/06/2014 Effective Date: 10/06/2014

State of Indiana Office of the Secretary of State

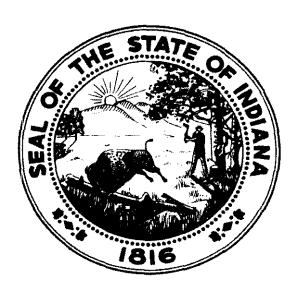
CERTIFICATE OF AUTHORITY

of

REAL ALTERNATIVES, INC.

I, CONNIE LAWSON, Secretary of State of Indiana, hereby certify that Application for Certificate of Authority of the above Pennsylvania Non-Profit Foreign Corporation has been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Nonprofit Corporation Act of 1991.

NOW, THEREFORE, with this document I certify that said transaction will become effective Monday, October 06, 2014.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, October 6, 2014.

Corrie Lawson

CONNIE LAWSON, SECRETARY OF STATE